

TRAVEL APPROVAL FORM

Check One: Intra-State X Out-of-State

Name of Traveler: Jon Smith Phone: 587-4702 Fax: 587-6793

Position/Title: Purchasing Specialist Bargaining Unit: 13

Department/Division/Office: DAGS/SPO

Contact Person: Bonnie Phone: 587-4701 Fax: 586-0673

Billing Address: 1151 Punchbowl Street

Justification: (Attach additional sheets if necessary, including conference/meeting agenda and training schedule)

Western States Contracting Alliance Development conference

Date & Time Business/Conference/Meeting Begins*: 11/9/09 8:00 am City: Boston

*Indicate time employee needs to be at the destination, including any preconference meetings, etc.

Date & Time Business/Conference/Meeting Ends: 11/13/2009 - 4:00 pm City: Boston

COST INFORMATION	
Worksheet A - Airfare for Authorized Travel	<u>\$582.00</u>
Baggage Fees	<u>\$15.00</u>
Worksheet B - Per Diem and Meal Allowance	<u>\$943.00</u>
Worksheet C - Hotel Accommodations - Excess Lodging	<u>\$228.84</u>
Worksheet D - Ground Transportation	<u>\$48.00</u>
Worksheet E - Ferry Service Passenger/Vehicle Transportation	<u>\$0.00</u>
Other Expenses (registration fee, training material, passport etc.)	<u>\$75.00</u>
Describe: <u>registration fee</u>	
	TOTAL
	<u>\$1,891.84</u>
Program ID: <u> </u>	Appropriation Symbol: <u> </u>

Requesting Authority Signature

Approving Authority Signature

Requesting Authority Name/Title (Print)

Date

Approving Authority Name/Title (Print)

Date

DO NOT MODIFY FORM - WILL BE REJECTED BY DAGS, PRE-AUDIT

WORKSHEET A AIRFARE AND BAGGAGE FEES

INTRA-STATE TRAVEL (minimum one quote required)

Vendor: _____

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

OUT-OF-STATE TRAVEL (minimum two quotes required)

Itinerary 1 Vendor: Expedia

☐ Selected Itinerary

Airfare Quote: \$640.40

Baggage Fee: 15.00

Date of Quote: 10/1/2009

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
11/7/09	HNL	SFO	11:55p	7:05a
11/8/09	SFO	BOS	8:29a	5:10p
11/14/09	BOS	SFO	7:58a	11:47a
11/14/09	SFO	BOS	12:45p	4:01p

Itinerary 2 Vendor: Travelocity

☒ Selected Itinerary

Airfare Quote: \$582.00

Baggage Fee: 15.00

Date of Quote: 10/1/2009

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
11/7/09	HNL	LAX	11:30p	7:02a
11/8/09	LAX	BOS	8:20a	4:55p
11/14/09	BOS	SFO	7:58a	11:47a
11/14/09	SFO	HNL	12:45p	4:01p

Itinerary 3 Vendor: _____

☐ Selected Itinerary

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

All quotes shall be obtained on the same 8-hour work day using the same parameters, i.e., dates, similar times, & destination. Attach a copy of the proposed itineraries in lieu of filling in the above sections. The pCard may not be used for any itinerary involving personal deviations, which impacts the airfare quote.

Justification for selection made to other than lowest fare:

Traveler: Jon Smith

Prepared by: Bonnie

Date: 10/1/09

Check One: Intra-State (overnight) Intra-State (same day)
 x Out-of-State

Dept. Date 11/7/2009 Time: 11:30PM Return Date: 11/14/2009 Time: 4:01 PM

<u>Dept. Day</u>	<u>Full Days</u>	<u>Return Day</u>	<u>Total Days</u>	<u>Rate</u>	<u>Total</u>
<u>0.25</u>	<u>6</u>	<u>0.75</u>	<u>7</u>	<u>145</u>	<u>\$ 1,015.00</u>
			<u>0</u>		<u>\$ 0.00</u>

Time	Dept. Date	Return Date
12:01am to 06:00am	1 day	0.25
06:01am to 12:00pm	0.75	0.50
12:01pm to 06:00pm	0.50	0.75
6:01pm to midnight	0.25	1 day

SPO FORM 30 - WORKSHEET B (Revised 8/9/07)

WORKSHEET C HOTEL ACCOMMODATIONS

Intra-State: _____ (min. 2 quotes required)

Out-of-State: X (min. 2 quotes required)

Check-In Date: 11/8/2009

Check-Out Date: 11/14/09

Destination: Boston

Conference Hotel: ☐

(prior approval for excess lodging required)

Selected	Name of Hotel	Hotel Rate	Date of Quotation	Excess Lodging Per Day**	Total Excess Lodging
<input checked="" type="checkbox"/>	Boston Park Plaza	\$123.14	10/1/09	\$38.14	\$228.84
<input type="checkbox"/>	Boston Omni	\$147.00	10/1/09	\$62.00	\$372.00
<input type="checkbox"/>					

Form of Payment:	<input type="checkbox"/>	P.O.#		<input checked="" type="checkbox"/>	*Credit Card #
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Exp. Date:		Cardholder Name:	Jon Smith
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***Entering personal credit card information is optional.**

Justification for selection other than lowest quotation: (conference hotel excluded)

****Example of excess lodging calculations:**

	Out-of-State Hotel Allowance - \$85.00	Intra-State Hotel Allowance - \$50.00
Actual hotel costs (inc. taxes)	\$194.87	\$83.50
Hotel allowance	(\$ 85.00)	(\$50.00)
Excess lodging per night	\$109.87	\$33.50
Number of nights	<u>x 2</u>	<u>x 2</u>
Total excess lodging due	\$219.74	\$67.00

Traveler: _____

Prepared by: _____

Date: _____

WORKSHEET D GROUND TRANSPORTATION

INTRA-STATE CAR RENTAL

Pick-up Date: _____
Pick up Location: _____

Return Date: _____
Drop Off Location: _____

Vendor	Car Rate (price list)	Total Cost (no. of days x rate)

OUT-OF-STATE CAR RENTAL* (Minimum 2 quotes required)

Pick-up Date: 11/8/2009
Pick Up Location: Boston Airport

Return Date: 11/14/2009
Drop Off Location: Boston Airport

Vendor	Car Rate	Date of Quotation	Total Cost
<input checked="" type="checkbox"/> Enterprise	\$36.00 per day	10/1/2009	\$216.00
<input type="checkbox"/> Hertz	\$48.00 per day	10/1/2009	\$288.00
<input type="checkbox"/>			

*Employee should use hotel/airport shuttle whenever possible.

Justification for other than compact car (intra or out-of-state travel):

OTHER GROUND TRANSPORTATION COSTS

Description	Cost
<input type="checkbox"/> Taxi	
<input checked="" type="checkbox"/> Airport/Hotel Shuttle	\$48.00
<input type="checkbox"/> Parking	
<input type="checkbox"/> Other (i.e. subway, bus, rail, metro, etc.)	Specify:
Total Estimated Cost	

Traveler: Jon Smith

Prepared by: Bonnie

Date: 10/1/2009